

Sutter Insurance Property Claim Report

Date Reported: _____
Reported By: _____ Cancel Date: _____
Contact Phone
Number: _____
Policy Number: _____ Policy Period: _____ to _____
Insured's Name: _____
Insured's Address: _____
Business Phone:
(Include Area Code) _____
Home Phone:
(Include Area Code) _____
Email Address: _____
Date of Birth: _____ Soc Sec #: _____

LOSS INFORMATION

Date and Time of Loss: _____
Location of Loss: _____

Description of Loss and Damage:	
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Police or Fire Dept. to which Reported: _____

POLICY INFORMATION

Mortgagee or Loss Payee: _____

Coverage Type and Limits: _____

Additional Information:	
Other Insurance (List Company, Policy Numbers, Coverages & Policy Amount):	

For your protection, State Law requires the following to appear on this form: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON".

By submitting this form I declare this information to be true and correct.

Report taken by: _____